

DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

As a below named inventor(s), I/we hereby declare that:  
My residence, post office address and citizenship are as stated below  
next to my name;

I believe I am the original, first and sole inventor (if only one name  
is listed below) or an original, first and joint inventor (if plural  
names are listed below) of the subject matter which is claimed and for  
which a patent is sought on the invention entitled

ULTRASONIC PROBE VOLUME COMPENSATION SYSTEM

the specification of which(check one)

☒ [ X ] is attached hereto

☐ [ ] was filed on \_\_\_\_\_ as Application Serial No.

I hereby state that I have reviewed and understand the contents of the  
above-identified specification, including the claims, as amended by  
any amendment referred to above.

I acknowledge the duty to disclose information which is material to  
the examination of this application in accordance with Title 37, Code  
of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §120 of  
any United States application(s) listed below and, insofar as the  
subject matter of each of the claims of this application is not  
disclosed in the prior United States application in the manner  
provided by the first paragraph of Title 35, United States Code, §112,  
I acknowledge the duty to disclose material information as defined in  
Title 37, Code of Federal Regulations, §1.56(a) which occurred between  
the filing date of the prior application and the national or PCT  
international filing date of this application:

60/559,379  
Application Serial No.

04/02/2004  
Filing Date

\_\_\_\_\_  
Status

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith as well as to file equivalent patent applications in countries foreign to the United States including the filing of international patent applications in accordance with the Patent Cooperation Treaty: W. Brinton Yorks, Jr. (Reg. #28,923), Frederick J. McKinnon (Reg. #28,240), Jack E. Haken (Reg. #26902), and Michael E. Marion (Reg. #32,266).

Address all telephone calls to W. Brinton Yorks, Jr. at telephone no. (425) 487-7152.

Address all correspondence to W. Brinton Yorks, Jr., ATL Ultrasound, Inc., 22100 Bothell Everett Highway, P.O. Box 3003, Bothell, Washington 98041-3003.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature:  
Full Name of First Inventor:

Kevin D Wickline  
Kevin Wickline

Date: x 5.17.04

Citizenship: United States  
Residence City: Yeagertown, PA  
Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature:  
Full Name of Second Inventor:

Jeffrey Hart  
Jeffrey Hart

Date: 5/6/04

Citizenship: United States  
Residence City: Reedsville, PA  
Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature:  
Full Name of Third Inventor:

\*  
Alan Hornberger

Date: \*

Citizenship: United States  
Residence City: McAlisterville, PA  
Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature:  
Full Name of Fourth Inventor:

\*   
Mark Harpster

Date: \* 5/17/04

Citizenship: United States  
Residence City: Burnham, PA  
Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature:  
Full Name of Fifth Inventor:

\*   
Charles Cruikshank

Date: \* 05/14/2004

Citizenship: United States  
Residence City: Belleville, PA  
Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature:  
Full Name of Sixth Inventor:

\*   
David Becker

Date: \* 5/6/04

Citizenship: United States  
Residence City: Lewistown, PA  
Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

## ECHO ULTRASOUND

P.O. Box 552  
Lewistown, PA 17044

## EMPLOYEE INNOVATION AND PROPRIETARY INFORMATION AGREEMENT

To be completed in triplicate. Distribution: original copy to Personnel for the employee's folder; second copy to the employee; and third copy to Department Head.

## TO ECHO ULTRASOUND:

In consideration of my employment by Echo Ultrasound and of the salary or wages paid to me, I agree:

- (a) to disclose and assign to the Company as its exclusive property, all inventions and technical or business innovations developed or conceived by me solely or jointly with others during the period of my employment, (1) that are along the lines of the businesses, work or investigations of the Company or its affiliates to which my employment relates or as to which I may receive information due to my employment, or (2) that result from or are suggested by any work which I may do for the Company or (3) that are otherwise made through the use of Company time, facilities or materials;
- (b) to execute all necessary papers and otherwise provide proper assistance (at the Company's expense), during and subsequent to my employment, to enable the Company to obtain for itself or its nominees, patents, copyrights, or other legal protection for such inventions or innovations in any and all countries;
- (c) to make and maintain for the Company adequate and current written records of all such inventions or innovations;
- (d) upon any termination of my employment to deliver to the Company promptly all items which belong to the Company or which by their nature are for the use of Company employees only, including, without limitation, all written and other materials which are of a confidential nature relating to the business of the Company or its affiliates;
- (e) not to use, publish or otherwise disclose (except as my Company duties may require), either during or subsequent to my employment, any confidential information or data of the Company or any information or data of others which the Company is obligated to maintain in confidence; and
- (f) not to disclose or utilize in my work with the Company any confidential information of others or any inventions

or innovations of my own which are not included within the scope of this agreement.

This agreement supersedes and replaces any existing agreement between the Company and me relating generally to the same subject matter. It may not be modified or terminated, in whole or part, except in writing signed by an authorized representative of the Company. Discharge of my undertakings in this agreement shall be an obligation of my executors, administrators, or other legal representatives or assigns.

I represent that, except as stated below, I have no agreements with or obligations to others in conflict with the foregoing.

---

(TYPE OR PRINT IN INK, USING FIRM PRESSURE)

Full Name ALAN G. HORNBERGER ECHO ULTRASOUND  
Social Security No. 161-52-3230 Lewistown, Pennsylvania

---

Lisa H. Wagner  
Witness (The employee's  
immediate superior or other  
appropriate representative  
of the Company)

(Signed) Alan G. Hornberger  
(Employee's signature - to  
include employee's first name  
in full.)

BULLET'S COORDINATOR  
Position

(Date) 12/5/88

Will P. Musick  
Countersigned - Company President

The following are the only agreements to which I am a party, which may be in conflict with the obligations undertaken above:

---

---



# Employee Ethics and Intellectual Property Agreement

In consideration of my accepting or continuing work at Philips Electronics North America Corporation or any of its divisions, subsidiaries or affiliates, (which will individually and collectively be called "the company") during such time as may be mutually agreeable, and in consideration of the salary or wages paid to me, I agree:

1. Not to use, publish or otherwise disclose (except as my job requires) either during or after my employment any secret or confidential (proprietary) information or data of the company or its customers or any other third party received by the company in confidence.
2. Upon the termination of my employment, to deliver promptly to the company all written and other materials that relate to the business of the company or its affiliates.
3. To disclose promptly and agree to assign, without further compensation, to the company or its nominee as its exclusive property, all those inventions, and technical or business innovations (including works of authorship) developed or conceived by me alone or with others, while I am employed, which: (a) pertain to any line of the businesses, work or investigations of the company or affiliates, (b) pertain to any demonstrably anticipated business, research or development of the company or its affiliates, (c) are suggested by or result from work that I may do for the company, or (d) are aided by use of time, materials, facilities, patents, trade secrets, know-how, technology, confidential information, ideas, copyrights, trademarks, and service marks and any and all rights, applications and registrations relating to them of the company.
4. To make and maintain for the company adequate and current written records of such inventions.
5. To perform all reasonable acts (such as execution of all necessary papers) and otherwise provide proper assistance (at the company's expense) during and subsequent to my employment to enable the company to obtain for itself or its nominees patents, copyrights or other legal protection for such inventions or innovations in any and all countries.
6. Not to disclose or utilize in my work any proprietary information of others (including that of any prior employers) or any inventions or innovations of my own which are not included within the scope of this agreement.

I have read and understood the Philips Electronics North America Corporation "Working Together" book. In consideration of my continuing employment with the company, I agree to abide by the ethical and legal principles of the company as they are incorporated in this book. I understand that failure to do so may result in the termination of my employment.

This agreement supercedes and replaces any Employee Ethics and Intellectual Property Agreement previously executed by me. It may not be modified or terminated, in whole or in part, except in writing signed by an authorized representative of the company.

I certify that to the best of my knowledge and belief, I am not a party to any other agreement or subject to any conflict of interests that will interfere with my full compliance with this agreement, except as specifically identified below. I understand that this agreement does not constitute a contract of employment, either express or implied.

ALAN HORNBERGER

PRINT NAME

EMPLOYEE'S SIGNATURE

DATE

WITNES (Company Representative)

DATE

I represent that the following are the only agreements, relationships and matters to which I have an interest that may conflict with the obligations I have undertaken above. I further agree to promptly notify my supervisor in writing of any change in this information.

*If employed in any of the following states: California, Delaware, Illinois, Kansas, Minnesota, North Carolina, Utah or Washington, employees should also sign the relevant paragraph of the Employees Invention Attachment on the back of this agreement.*

Philips Electronics  
North America



PHILIPS

Let's make things better.



## Affirmation of Confidentiality Agreement

Your termination does not end your continued obligations under the Employee Agreement you executed on the date that you were hired. These obligations include, without limitation, your agreement not to disclose or use (either directly or indirectly) any confidential information relating to the business of PHILIPS which was acquired by you from any source during your employment at PHILIPS. Such information includes (but is not limited to) know-how, formulae, trade secrets, designs, ideas, methods, processes and any other non-public information processes, future development, plans, strategies and operations, and business and financial data, including but not limited to customer lists, customer leads, price lists, discount structures, profits and product manuals.

In addition, you have continuing obligations to PHILIPS, as set forth in the Employee Agreement, with regard to ideas, discoveries and inventions, whether patentable or not, and other confidential information, made or conceived during your employment with PHILIPS.

If you have any questions concerning the nature or extent of your obligations under the aforementioned Employee Agreement, please call John Skrypak, Counsel, at (212) 536-0830.

ALAN G. HORNBERGER

Employee's Printed Name

Alan G. Hornberger

Employee's Signature

12-16-03

Date

Lisa A. Kennedy

Witness



# PHILIPS

## Philips Intellectual Property & Standards

---

September 6, 2006

VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Alan Hornberger  
RR 2 Box 2685  
McAlisterville, PA 17049

Re: Ultrasonic Probe Volume Compensation System  
PH Ref No.: US040174  
Intracavity Probe With Continuous Shielding of Acoustic Window  
PH Ref No.: US040176  
Documents for Signature

Dear Mr. Hornberger:

Would you please sign and date the enclosed sets of documents and return them to me in the enclosed self-addressed, stamped envelope by September 18, 2006. With the packet, I've included a copy of the relevant patent applications and drawings as previously approved by you.

Please let Brint Yorks know if you come across any information relative to these applications, such as issued patents or published patent applications or articles, or public presentations.

Thank you, and please let me know if you have any questions.

Cordially,

A handwritten signature in cursive script that reads "Jill Peistrup".

Jill Peistrup  
Sr. Paralegal  
[jill.peistrup@philips.com](mailto:jill.peistrup@philips.com)  
Tel: +1 425 487 7306  
Fax: +1 425 487 8135

Enclosures



DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

As a below named inventor(s), I/we hereby declare that:  
My residence, post office address and citizenship are as stated below  
next to my name;

I believe I am the original, first and sole inventor (if only one name  
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names are listed below) of the subject matter which is claimed and for  
which a patent is sought on the invention entitled

ULTRASONIC PROBE VOLUME COMPENSATION SYSTEM

the specification of which(check one)

☒ [ X ] is attached hereto

☐ [ ] was filed on \_\_\_\_\_ as Application Serial No.  
\_\_\_\_\_.

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the filing date of the prior application and the national or PCT  
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60/559,379  
Application Serial No.

04/02/2004  
Filing Date

\_\_\_\_\_  
Status

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature: \_\_\_\_\_

Full Name of First Inventor:

Kevin Wickline

Date: \_\_\_\_\_

Citizenship: United States

Residence City: Yeagertown, PA

Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature: \_\_\_\_\_

Full Name of Second Inventor:

Jeffrey Hart

Date: \_\_\_\_\_

Citizenship: United States

Residence City: Reedsville, PA

Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature: \_\_\_\_\_

Full Name of Third Inventor:

Alan Hornberger

Date: \_\_\_\_\_

Citizenship: United States

Residence City: McAlisterville, PA

Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature: \_\_\_\_\_

Full Name of Fourth Inventor:

Mark Harpster

Date: \_\_\_\_\_

Citizenship: United States

Residence City: Burnham, PA

Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature: \_\_\_\_\_

Full Name of Fifth Inventor:

Charles Cruikshank

Date: \_\_\_\_\_

Citizenship: United States

Residence City: Belleville, PA

Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

Inventor's Signature: \_\_\_\_\_

Full Name of Sixth Inventor:

David Becker

Date: \_\_\_\_\_

Citizenship: United States

Residence City: Lewistown, PA

Post Office Address: P. O. Box 3003, Bothell, WA 98041-3003, USA

**Is your RETURN ADDRESS completed on the reverse side?**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Alan Hornberger  
RR 2 Box 2685  
McAlisterville, PA 17049

4a. Article Number  
7099 3400 0014 5308 2841

4b. Service Type

|   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery  
9-13-06

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
x *Alan J. Hornberger*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

**Thank you for using Return Receipt Service.**

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

MC ALISTERVILLE PA 17049

|  |                |
|--|----------------|
| Postage  | \$ 2.07        |
| Certified Fee                                  | \$ 2.40        |
| Return Receipt Fee (Endorsement Required)      | \$ 1.85        |
| Restricted Delivery Fee (Endorsement Required) | \$ 0.00        |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 6.32</b> |

0210  
SEP 13 2006  
McAlisterville PA 17049

Recipient's Name (Please Print Clearly) (to be completed by mailer)  
Alan Hornberger  
Street, Apt. No., or PO Box No.  
RR 2 Box 2685  
City, State, ZIP+4  
McAlisterville, PA 17049

PS Form 3800, February 2000 See Reverse for Instructions

UNITED STATES POSTAL SERVICE

HARRISBURG PA 17101

First Class Mail

Permit No. G-10

13 SEP 2006 PM 2:1

• Print your name, address, and ZIP Code (115795)

Ms. Jill Pelstrup  
Sr. Legal Assistant  
Philips Intellectual Property & Standards  
P. O. Box 3003  
Bothell, WA 98041-3003

03 0900



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28159

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

28159

OR

|  |       |     |  |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name |       |     |  |
| Address  |       |     |  |
| City   | State | Zip |  |
| Country  |       |     |  |
| Telephone  | Fax   |     |  |

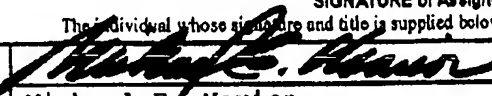
Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.  
Groenewoudseweg 1  
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

|           |   |           |                |
|-----------|---|-----------|----------------|
| Signature |  | Date      | 02 FEB 2005    |
| Name      | Michael E. Marion   | Telephone | (914) 333-9637 |
| Title     | Authorized Representative   |           |                |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: KONINKLIJKE PHILIPS ELECTRONICS N.V.

Application No./Patent No.: \_\_\_\_\_ Filed/Issue Date: \_\_\_\_\_

Entitled: ULTRASONIC PROBE VOLUME COMPENSATION SYSTEM

Koninklijke Philips Electronics N.V., a corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is 83.34 %

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

/W. Brinton Yorks, Jr./

09-07-2006

Signature

Date

W. Brinton Yorks, Jr.

Reg. #28,923

425-487-7152

Printed or Typed Name

Telephone Number

Authorized Appointed Practitioner of Assignee

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

SOLE/JOINT ASSIGNMENT

For good and valuable consideration, receipt of which is hereby acknowledged, I/we, as a below-named Assignor(s), hereby sell, assign, and transfer the entire and exclusive right, title, and interest in the following to **Koninklijke Philips Electronics N.V.**, having a place of business at Groenewoudseweg 1, 5621 BA Eindhoven, NL, its successors, assigns, and legal representatives, including any nominees (collectively "the Assignee"):

my/our invention relating to ULTRASONIC PROBE VOLUME COMPENSATION SYSTEM

for which

☐ a U.S. provisional application for patent will be filed in the United States Patent and Trademark Office,

☒ a U.S. provisional patent application was filed in the United States Patent and Trademark Office on 04/02/2004 having a Serial Number 60/559,379,

(2) the foregoing application and all other United States, foreign and international patent applications associated therewith, based thereon, or claiming priority therefrom including, but not limited to, any and all provisionals, non-provisionals divisions, continuations, continuations-in-part, reexaminations, reissues, and extensions thereof, and

(3) the right to claim priority thereto, and the entire and exclusive right, title, and interest in and to any and all patents granted on these applications.

I/We authorize and request that the Patent Office officials in the United States and in any and all foreign countries to issue any and all Letters Patent when granted, solely to **Koninklijke Philips Electronics N.V.**, for its sole use, and that of its successors, assigns, and legal representatives.

I/we will provide my/our cooperation to enable the Assignee to enjoy the foregoing right, title, and interest to the fullest extent. Upon request at the expense of the Assignee, I/we agree to execute all papers, take all rightful oaths, testify in all legal proceedings including patent prosecutorial actions and infringement actions, and do all other such acts which may be necessary, desirable, or convenient for securing and maintaining patents on the foregoing invention or for perfecting title thereto in the Assignee.


I/We certify that I/we have the full right to convey the above rights.

5-17-04  
Date

(signature) Kevin Wickline, Assignor  
(printed name) Kevin Wickline



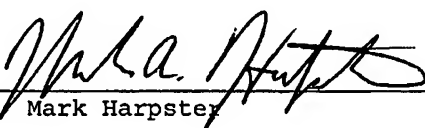
5/6/04  
Date

(signature) , Assignor  
(printed name) Jeffrey Hart


x  
Date

(signature) x, Assignor  
(printed name) Alan Hornberger

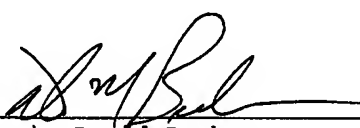
x 5/17/04  
Date

(signature) x , Assignor  
(printed name) Mark Harpster

x 05/14/2004  
Date

(signature) x , Assignor  
(printed name) Charles Cruikshank

5/6/04  
Date

(signature) , Assignor  
(printed name) David Becker